

This form may be completed online, printed and mailed to the address listed.

**APPLICATION  
FOR APPOINTMENT TO THE  
BOARD OF RESPIRATORY CARE PRACTICE  
(RESPIRATORY CARE PRACTITIONER MEMBER)**

**PLEASE PRINT OR TYPE**

Name:	First	Middle	Last	Credentials (ie, PhD, etc., if applicable)
Mailing Address:	Street/Box/RR			
	City	State	Zip	
Are you a resident of the State of Nebraska?				Answer Yes or No
Business Telephone:		Cell/Pager:		
Residence Telephone:		FAX Number:		
E-Mail Address:				
Are you available to meet, usually in Lincoln, on a monthly basis, if necessary or required for Board Meetings?				Answer Yes or No
Please indicate how you became aware of this vacancy on this Board.				
Professional Association	HHS R&L Web Page		Newspaper	
Other (please explain): (Please use additional paper if space not adequate)				

**ELIGIBILITY REQUIREMENTS**

Do you hold a current Nebraska license to practice as a respiratory care practitioner?	Answer Yes or No
Have you been actively engaged in the practice of respiratory care in the State of Nebraska for the past five years?	Answer Yes or No
<i>(Statutes that regulate this Board require every professional member to have been actively engaged in the practice of their profession in the State of Nebraska, under a license issued in this state, for a period of five years just preceding appointment.)</i>	
Are you expecting to remain in active practice for the duration of the term if you are appointed?	Answer Yes or No
If no, please explain: (Please use additional paper if space not adequate)	
Provide the number of years you have been engaged in the practice of respiratory care practice	

**EDUCATION**

School	Location	Degree/Specialty	Date Completed

DETAILED DESCRIPTION OF WORK EXPERIENCE AS A RESPIRATORY CARE PRACTITIONER WITHIN THE LAST FIVE YEARS IN NEBRASKA			
Type of Experience	Location	From/To	Average Number of Hours Per Week

ADDITIONAL INFORMATION	
Describe your interest in this profession and why you wish to serve on this Board. (Please use additional paper if space not adequate)	
Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions? <div style="text-align: right;"><b>Answer Yes or No</b></div>	
If yes, please explain: (Please use additional paper if space not adequate)	
Have you ever had your statutory ability to practice or clinical privileges suspended or revoked? <div style="text-align: right;"><b>Answer Yes or No</b></div>	
Are you currently under investigation? <div style="text-align: right;"><b>Answer Yes or No</b></div>	

I swear and affirm that all information I have provided on this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed Application to: Joyce M. Novak, Administrative Assistant,  
Nebraska Department of Health & Human Services Regulation and Licensure,  
Credentialing Division, Nebraska State Office Building, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE  
68509-4986  
402/471-0182; FAX 402/471-3577

5/2005